

Teamwork for Effective Arizona Marketing (TEAM) FY 2008 Project Effectiveness Form

Due date: Must be received by AOT no later than 5:00 p.m. Friday, October 31, 2008. Entity name: Mailing address: City Street or P.O. Box State Zip Code Project coordinator's name: ______ Telephone number:_____ Project start date: _____ Project end date: _____ Total award amount \$_____ 1. Describe the FY 2008 TEAM-funded marketing efforts of the organization: 2. Using the objectives and methods of tracking stated in your marketing plan, please provide the results of your TEAM funded projects. 3. Explain how the TEAM funded projects contributed overall to your organization's tourism goals and economic impacts and benefits to your community.

Please use additional pages, as necessary, to provide any additional information and documentation.